**Supplemental Digital Content 1. Summary of The Two Criteria for Screening Commercial Drivers for OSA**

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|  | Joint Task Force Criteria for OSA Screening |
|  | Drivers meeting one of more of six criteria are considered to have OSA or probable OSA |
| Subjective Criteria (1-4) | |
| 1. Any of the following symptoms: snoring, excessive daytime sleepiness, witnessed apneas | |
| 2. History of motor vehicle collision likely related to sleep disturbance (run off road, at-fault, rear-end collision) | |
| 3. Previous OSA diagnosis; prior PSG with AHI, RDI or REI > 5; reported PAP prescriptions and/or use | |
| 4. Epworth Sleepiness Scale > 10 | |
| Objective Criteria (5-6) | |
| 5. Sleeping in the examination or waiting room | |
| 6. Two or more of the following: | |
| -BMI ≥ 35 mg/kg2 | |
| -Neck circumference > 17 inches in men, 16 inches in women | |
| -Hypertension (new, uncontrolled, or requiring ≥ 2 medications for control) | |
|  | FMCSA MRB Recommandations |
| Conditional Certification | |
| 1. BMI ≥ 40 mg/kg2 | |
| 2. BMI ≥ 33 mg/kg2 and < 40 mg/kg2 in addition to 3 or more of the following: | |
| -Hypertension (treated or untreated) | |
| -Type 2 diabetes (treated or untreated) | |
| -History of stroke, coronary artery disease, or arrhythmias | |
| -Micronathia or retrognathia | |
| -Loud snoring | |
| -Witnessed apneas | |
| -Small airway (Mallampati Classification of Class III or IV) | |
| -Neck circumference > 17 inches (male), 15.5 inches (female) | |
| -Hypothyroidism (untreated) | |
| -Age 42 and above | |
| -Male or post-menopausal female | |
| Immediate Disqualification | |
| 1. Admission of fatigue or sleepiness during the wake period | |
| 2. Involvement in sleep-related motor vehicle crash or accident or near crash | |
| 3. Non-compliance with treatment | |
| 4. Certified Medical Examiner’s option: any driver who appears to be at extremely high risk | |
| OSA, obstructive sleep apnea; PSG, polysomnography; AHI, apnea-hypopnea index; PAP, continuous positive airway pressure; FMCSA, Federal Motor Carrier Safety Administration; MRB, Medical Review Board | |

**Supplemental Digital Content 1. Continued: Clinic Screening Form**

